

Alaska New Hire Reporting Form

Send completed form to:
MS 14 New Hire Reporting Section
CHILD SUPPORT SERVICES DIVISION
550 W 7th AVE STE 310
ANCHORAGE AK 99501-6699

Or fax to: (907) 787-3197
(907) 787-3181
Message Line: (907) 269-6685
Toll free in Alaska: 1 (877) 269-6685
For information call: (907) 269-6089

Employer Information

Submission Date (Year / Month / Date)	Contact Phone Number *	Contact Name *	Contact Title *
Employer Federal Identification Number (FEIN)	Employer AK Department of Labor Number *		
	000		
Employer Name	Employer - Doing Business As / Also Known As *		
Employer Payroll Mailing Address	City	State	Zip Code
Employer Physical Address "Same" if same as mailing address	City	State	Zip Code

Employee Information

Employee Social Security Number	Employee First Name	M.I.	Employee Last Name
Employee Street Address	City	State	Zip Code
Employee Date of Hire *	Year	Month	Day
Employee Date of Birth *	Year	Month	Day

Employee Social Security Number	Employee First Name	M.I.	Employee Last Name
Employee Street Address	City	State	Zip Code
Employee Date of Hire *	Year	Month	Day
Employee Date of Birth *	Year	Month	Day

Employee Social Security Number	Employee First Name	M.I.	Employee Last Name
Employee Street Address	City	State	Zip Code
Employee Date of Hire *	Year	Month	Day
Employee Date of Birth *	Year	Month	Day

New Hire Reporting – continued

* Providing this optional data enhances our ability to perform services more efficiently.

Employer Name	Employer Federal Identification Number (FEIN)	Submission Date (Year / Month / Date)

Employee Social Security Number	Employee First Name	M.I.	Employee Last Name
Employee Street Address	City	State	Zip Code
Employee Date of Hire *	Year	Month	Day
Employee Date of Birth *	Year	Month	Day

Employee Social Security Number	Employee First Name	M.I.	Employee Last Name
Employee Street Address	City	State	Zip Code
Employee Date of Hire *	Year	Month	Day
Employee Date of Birth *	Year	Month	Day

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